

**PHARMACIST-IN-CHARGE AGREEMENT
(NON-PHARMACIST OWNER)**

For purposes of satisfying the intent of 24.174.805 ARM, the following agreement has been entered into and submitted to Montana Board of Pharmacy, PO Box 200513, Helena, MT 59620-0513:

I, _____, duly designated agent for the _____ (owner/corporation) do hereby vest exclusive authority in _____, a licensed pharmacist in the State of Montana, and Pharmacist-in-Charge for the _____ pharmacy, certified pharmacy license number _____ to perform as follows:

That _____, R.Ph., license number _____, shall have exclusive authority to make and implement any decision which may directly or indirectly involve compliance with any of the provisions of Title 37, Chapter 7, Montana Code Annotated and Title 8, Chapter 40 of the Administrative Rules of Montana. That the parties hereto expressly agree and understand that in no event shall any person or persons, by virtue of his or their position in the corporation or for any other reason, substitute his or their judgment for that of the pharmacist-in-charge on matters involving the aforementioned compliance; that the parties further agree and understand that the continued right of the corporation to own and operate this pharmacy is contingent upon the existence and implementation of this agreement; and that the corporation agrees and understands that at such time as a new pharmacist-in-charge is designated, that a new agreement must be executed with that person and submitted to the Montana Board of Pharmacy.

Signed and dated this _____ day of _____, 20_____.

Agent for the Corporation

Pharmacist-in-Charge

***Please retain a copy for the agent and the Pharmacist-in-Charge and send the original to the Board office.**